

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
LOM-44

I, a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS FOR TREATING AGE-RELATED MACULAR DEGENERATION (ARMD)

the specification of which (check only one item below):

☐ is attached hereto.

☒ was filed as United States application

Serial No. **10/521,164**

on **January 14, 2005**

and was amended

on _____ (if applicable).

☒ was filed as PCT international application

Number **PCT/FR2003/002259**

on **July 17, 2003**,

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| PRIOR FOREIGN APPLICATION NUMBER(S) | COUNTRY | FOREIGN FILING DATE (MM/DD/YYYY) | PRIORITY NOT CLAIMED |
|-------------------------------------|---------|-------------------------------------|--------------------------|
| 0209132 | FRANCE | July 18, 2002 | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorneys and agents at Millen, White, Zelano & Branigan, PC that are associated with **Customer Number 23599** to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: Customer No. **23599**

Telephone No.
703/243-6333

Direct Telephone Calls to:
I. William Millen

Combined Declaration for Patent Application and Power of Attorney (Continued)
(Includes Reference to PCT International Application)

ATTORNEY'S DECLARATION

| | | | | |
|-----|-------------------------|--|------------------------------------|------------------------------------|
| 201 | FULL NAME OF INVENTOR | FAMILY NAME ZEMMOURI | FIRST GIVEN NAME Jaouad | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY HEM | STATE OR FOREIGN COUNTRY FRANCE | COUNTRY OF CITIZENSHIP FRANCE |
| | POST OFFICE ADDRESS | STREET 3 rue Jacques Prevert | CITY HEM | STATE & ZIP CODE/COUNTRY 59510 |
| 202 | FULL NAME OF INVENTOR | FAMILY NAME RAZDOBREEV | FIRST GIVEN NAME Igor | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY FACHES THUMESNIL | STATE OR FOREIGN COUNTRY FRANCE | COUNTRY OF CITIZENSHIP Romania |
| | POST OFFICE ADDRESS | STREET 124 rue de Dunkerque | CITY FACHES THUMESNIL | STATE & ZIP CODE/COUNTRY 59155 |
| 203 | FULL NAME OF INVENTOR | FAMILY NAME KURKOV | FIRST GIVEN NAME Andrey | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY MOSCOW | STATE OR FOREIGN COUNTRY RUSSIA | COUNTRY OF CITIZENSHIP RUSSIA |
| | POST OFFICE ADDRESS | STREET 27 rue B.Yakimanka appt. 29 | CITY MOSCOW | STATE & ZIP CODE/COUNTRY 109180 |
| 204 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | STREET | CITY | STATE & ZIP CODE/COUNTRY |
| 205 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | STREET | CITY | STATE & ZIP CODE/COUNTRY |
| 206 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | STREET | CITY | STATE & ZIP CODE/COUNTRY |
| 207 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | STREET | CITY | STATE & ZIP CODE/COUNTRY |

Combined Declaration for Patent Application and Power of Attorney (Continued)

(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

| | | | | |
|-----|-------------------------|-------------|--------------------------|--------------------------|
| 208 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | STREET | CITY | STATE & ZIP CODE/COUNTRY |
| 209 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | STREET | CITY | STATE & ZIP CODE/COUNTRY |
| 210 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | STREET | CITY | STATE & ZIP CODE/COUNTRY |
| 211 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | STREET | CITY | STATE & ZIP CODE/COUNTRY |
| 212 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | STREET | CITY | STATE & ZIP CODE/COUNTRY |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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|--|--------------------|---------------------------|------|
| SIGNATURE OF INVENTOR 201 Jaouad ZEMMOURI | DATE 05/01/2005 | SIGNATURE OF INVENTOR 207 | DATE |
| SIGNATURE OF INVENTOR 202 Igor RAZDOBREEV | DATE 05/01/2005 | SIGNATURE OF INVENTOR 208 | DATE |
| SIGNATURE OF INVENTOR 203 Andrey KURKOV | DATE 14/02/2005 | SIGNATURE OF INVENTOR 209 | DATE |
| SIGNATURE OF INVENTOR 204 | DATE | SIGNATURE OF INVENTOR 210 | DATE |
| SIGNATURE OF INVENTOR 205 | DATE | SIGNATURE OF INVENTOR 211 | DATE |
| SIGNATURE OF INVENTOR 206 | DATE | SIGNATURE OF INVENTOR 212 | DATE |